

2000 UNIFORM BUSINESS REPORT (UBR)

6

FILED
Jul 19, 2000 8:00 am
Secretary of State

06-09-2000 90026 013 ****75.00

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1. Entity Name

THE BARBADOS CULTURAL AND EDUCATIONAL SOCIETY OF

R

Principal Place of Business

8221 ANDORA DR
 MIRAMAR FL 33025
 US

Mailing Address

P.O. BOX 245412
 PEMBROKE PINES FL 33024-0106
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0558944

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEALY, ROSLYN
 9221 ANDORA DR
 MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name: JANICE HUNTE
 Street Address (P.O. Box Number is Not Acceptable):
2607 NW 123 Avenue
Orlando Springs FL 33065

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *J. Sealy*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/16/00

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, VALDA 11943 SW 208 TERR MIAMI FL 33177	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEALY, ROSLYN 9221 ANDORA DRIVE MIRAMAR FL 33025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLDER, SAMUEL 3020 NW 4TH ST POMPANO BCH FL 33089	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD FORDE, FRANCES 610 NW 214 ST #204 MIAMI FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR WALTERS, LINDA 821 NW 108 TERR PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD DENNY, MARLENE 811 E PALM RUN DR N LAUDERDALE FL 33068	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EUCLID SELMAN VD 1240 NE 133 ST N-MIAMI FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANICE HUNTE P. 2607 NW 123 AVE ORLANDO SPRINGS FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SONIA WARD, TD 1907 S W 94th AVE MIAMI FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD FRANCES FORDE 610 NW 214 ST #204 MIAMI FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONICA HUNTE CSD 40 NE 175 ST N-MIAMI FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NURSE, DENNY, MARLENE PR 811 E PALM RUN DR N LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *J. Sealy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/00 (305) 825-9878

Date

Daytime Phone #

C-12E037 (9/99)